	PATENT	APPLICATION Effect	Application of Docket Number 15 / 7733 95									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	7	OF	OTHER	THAN
To	OTAL CLAIMS		2:	3				RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			23 minus 20=		•	3		XS 9=	27	OR	XS18=	
INDEPENDENT CLAIMS			2 minus 3 =			8		X43=	1-	OR	X86=	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	1_	1		
If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	1110	OR	÷290= TOTAL	
Pre. filed 8/13/04 CLAIMS AS AMENDED - PART II							•	IOIAL	4/2	JOH	OTHER	THAN
	0	(Column 1)	(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL		
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEÉ		RATE	ADDI- TIONAL FEE
	Total	. 23	Minus	-2.	3·	= /		XS 9=		OR	XS18=	7
	Independent	- 2	Minus	3)	=		X43=	1/	OR	X86=	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	1/	OR	+290=	1
								TOTAL			TOTAL	-
	·	(Column 1)		(Colum	เก 2)	(Column 3)		DDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		•	Γ	X\$ 9=		OR	X\$18=	
	Independent	• • • • • • • • • • • • • • • • • • •	Minus	****		=		X43=		OR	X86=	
	FINST PRESE	NTATION OF MU	LIPLE DEF	ENDENT	CLAIM			+145=		OR	+290=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
1		(Column 1)		(Colum		(Column 3)						
MEN		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	·	.	Γ	X\$ 9=		OR	X\$18=	
	indep ndent	•	Minus	***		-	T	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										.000	
• tf	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+290= TOTAL	
	the "Highest Nur	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THE	S SPACE is	less than	n 3. enter "3."		TOTAL DIT. FEE In the ap	propriate box		DDIT. FEE	
2014	OTO em do 10				·			•				